

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

23811

## 1. PLACE OF DEATH

County Mississippi  
 Township Shannon  
 City Charleston (No. \_\_\_\_\_)

Registration District No. 566  
 Primary Registration District No. 5762

File No. \_\_\_\_\_  
 Registered No. 78  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. RTD - E.A. Morgan Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) near 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
near 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caseville Ky.

13. NAME Charley Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caseville Ky.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charley Lucas 225. Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove - Charleston DATE 7/13/33

19. UNDERTAKER (ADDRESS) Lou Underhill 1011 E. Main St. Charleston, Mo.

20. FILED July 7th 1933 J. P. Vernon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12 11:30 P.M. 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/7 1933 to 7/12 1933

I last saw him alive on 7/7 1933 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal disease Date of onset D.R.

Other contributory causes of importance: Assthma Smility

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Cl. Sympt Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify E. Chas. Leving (Signed) \_\_\_\_\_ M. D.  
 (Address) Charleston Mo.

